

Iowa Department of Human Services

Offer #401-HHS-012: State Resource Centers

Contact Information: Jeanne Nesbit, jnesbit@dhs.state.ia.us, (515)281-8580

This offer includes the following appropriations:

Glenwood State Resource Center, Woodward State Resource Center, Conner Decree, General Administration

Program Description:

Who:

Individuals that live at the State Resource Centers (SRC) have an intellectual or other developmental disability. Most of the individuals are admitted because of significant behavioral or medical issues with an additional diagnosis of mental illness. Most were prescribed at least one psychotropic medication to treat a mental illness at the time of admission.

The two State Resource Centers, located in Glenwood (GRC) and Woodward (WRC), provide a variety of treatment and outreach services to individuals with intellectual or other developmental disabilities. The facilities assist clients to reach their individual goals and return to their communities with discharge planning beginning at admission.

The State Resource Centers use an admission review team that works with each applicant to assure that potential appropriate alternative placements have been considered and ruled out prior to consideration for admission. Individuals are admitted only after the Department of Human Services (DHS) determines there are no appropriate community based alternatives available. This determination is required under the terms of the legally binding 1994 Conner Consent Decree. There are also individuals who are committed involuntarily under a court order.

Of the 496 individuals served in the State Resource Centers during state fiscal year (SFY) 2010, 88% were voluntarily admitted and 12% were involuntarily committed. Of those individuals served, 75% had a dual diagnosis of mental illness/intellectual disability; 70% of individuals at Glenwood and 82% of individuals at Woodward.

Charts 1 and 2 show the adaptive functioning level of individuals served at each SRC in SFY 2010.

Chart 1
GRC Adaptive Functioning Level

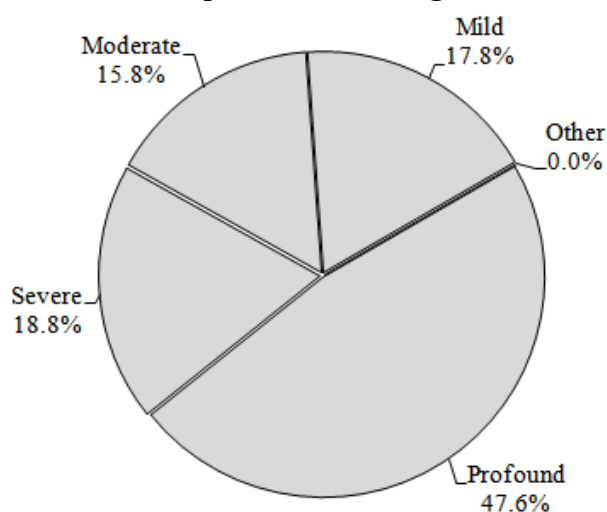
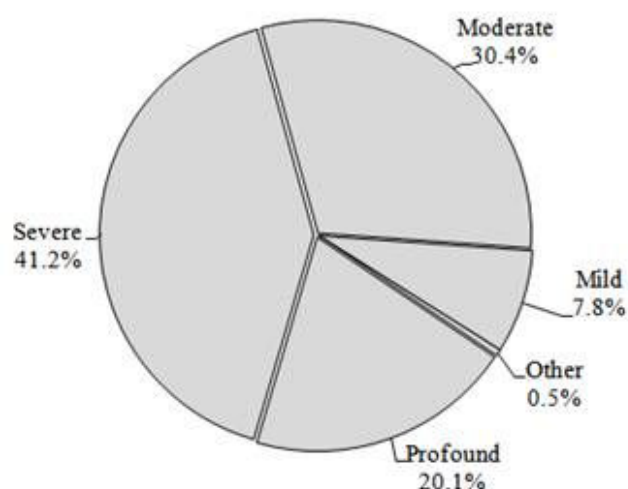


Chart 2
WRC Adaptive Functioning Level



The adaptive functioning and severity of intellectual disability is only a part of understanding the complex support and treatment needs of an individual served by the State Resource Centers. In addition to the high percentage of individuals with co-occurring diagnoses of intellectual disability and mental illness, other challenges and needs include:

At Glenwood:

- 51% of individuals also had a seizure disorder.
- 82% were at risk for dysphagia (eating and chewing disorders) and oral motor dysfunction, also referred to as, physical nutritional management factors.
- 37% were at high risk of aspiration (getting food or liquids into the lungs).

At Woodward:

- 26% of individuals also had a seizure disorder.
- 76% were at risk for dysphasia (eating and chewing disorders) and oral motor dysfunction, also referred to as, physical nutritional management factors.
- 10% were at high risk of aspiration.
- 44% were at high risk for sustaining injuries related to behavior.

What:

The two State Resource Centers are licensed as Intermediate Care Facilities for Mental Retardation (ICF/MR) and are presently the largest of Iowa's 141 ICF/MR facilities. The State Resource Centers provide a full range of treatment and habilitation services. At the end of SFY 2010 the State Resource Centers served 496 individuals or 22% of the 2,248 individuals served in Iowa's ICF/MR facilities. Included in the ICF/MR program, time-limited assessments are offered for a period of up to 31 days on the SRC campuses in order to determine effective treatment options that can be used to support an individual in the community, and follow-up services are offered when the individual returns home. In SFY 2010, ten individuals received time-limited assessments.

Table 1
Admissions and Discharges – State Resource Centers, SFY 2010

Type	Glenwood	Woodward	Total
Admission to SRC	10	7	17
Discharge from SRC	34	22	56
Net Change	- 24	- 15	- 39

Table 2
Discharge Locations – State Resource Centers, SFY 2010

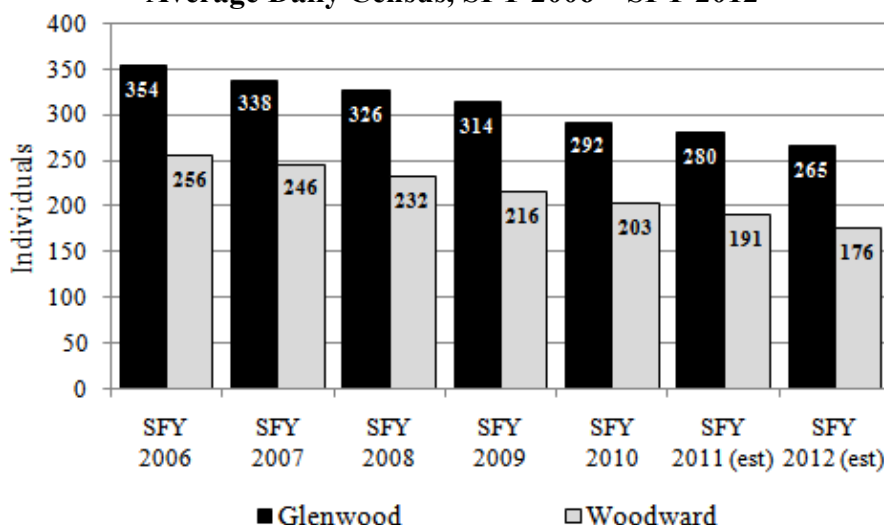
Discharge Location	Glenwood	Woodward	Total
Parents / Relative Home	1	1	2
Home & Community Based Waiver	17	13	30
Community ICF/MR	4	4	8
Other SRC	1	0	1
MHI	1	0	1
Nursing Home	1	0	1
Other Specialized Facility	2	1	3
Death	7	3	10
Total	34	22	56

The 496 individuals in the SRC's ICF/MR (292 at Glenwood and 204 at Woodward) is a decrease of 32 individuals from SFY 2009 and a 27.3% decrease from SFY 2003 when there were 682 individuals.

The State Resource Centers will continue to transition and support individuals moving into appropriate community-based settings and reduce up to 30 beds from the ICF/MR during SFY 2011.

Chart 3 shows the decrease in the average daily census at the SRCs from SFY 2006 through a projection for SFY 2012.

Chart 3
Average Daily Census, SFY 2006 – SFY 2012



Waiver Homes

Consistent with the Olmstead Supreme Court ruling, in addition to providing ICF/MR services, the State Resource Centers provide supported community living services, respite, and supported employment which are paid through the Iowa Medicaid Home and Community Based Services (HCBS) Waivers. The SRCs provide HCBS Waiver services in their surrounding communities at 22 locations. Glenwood currently serves 32 individuals in 9 locations and Woodward currently serves 39 individuals at 13 locations.

Table 3 shows the number of individuals receiving waiver services from the State Resource Centers in SFY 2010.

Table 3
Waiver Populations Served – State Resource Centers, SFY 2010

HCBS Community Programs	Glenwood	Woodward	Total
Respite	14	15	29
Supported Community Living	40	8	48
Supported Employment	28	10	38

The State Resource Centers actively work with individuals, parents/guardians, and community providers for successful transition of individuals into community services. The SRCs are active participants in the Department's Money Follows the Person (MFP). MFP provides opportunities for individuals in Iowa to move out of Intermediate Care Facilities for Mental Retardation (ICF/MR), such as the State Resource Centers, into their own homes in the community of their choice. Funding is provided for transition services and enhanced supports needed for the first year after a person transitions into the community. MFP is supported through a grant from the Federal Centers for Medicare and Medicaid Services (CMS) and from State support.

Iowa Program Assistance Response Team

Originating out of the SRCs, the Iowa Program Assistance Response Team (I-PART) provides expert crisis assistance to families and community service organizations and programs to manage the unsafe and socially unacceptable behavior that interferes with the short and long-term goals of enrolled individuals with co-occurring intellectual disabilities and mental illness or autism.

I-PART services are provided to assure that individuals are able to continue their community services and not be 1) involuntarily discharged from their community placement, 2) formally referred for admission to the Resource Centers, 3) hospitalized for psychiatric concerns, 4) arrested/jailed, or 5) placed out-of-state.

I-PART has provided training to over 2,000 people via sessions provided throughout the state. Training attendees have included residential and vocational providers, family members, school psychologists, area education agency representatives, nurses, human rights committee members, case managers, social workers, licensed mental health counselors, therapist, day care providers, Department of Inspections and Appeals personnel, and Department of Justice consultants.

Since its creation in January 2010, 141 referrals and/or inquiries for behavioral consultations have been received. Some have not been eligible for services due to the absence of an mental retardation diagnosis, and a few have withdrawn their request due to the issue at hand being resolved by other means.

Of the total referrals/inquiries received, 62 behavioral consultations have occurred. The ages of individuals participating in the behavioral consultation ranges from 9 to 58 years of age, with the most frequently represented group ranging in age from 16 to 30 years.

I-PART offers ongoing, follow-up assistance until the service termination criteria have been met. Table 4 shows the residency of individuals at the time of the behavioral consultation.

Table 4
Residence of Individuals Receiving I-PART Behavioral Consultation Services

Residency Status	Behavioral Consultations
Home & Community Based Services	40
Intermediate Care Facility	7
Family	6
Intermediate Care Facility for the Mentally Retarded	3
Residential Care Facility	3
Residential Care Facility for the Mentally Retarded	2
Shelter	1

I-PART services include a variety of formats:

- By December 2010, 63 days of community-at-large trainings which cover a variety of topics intended to increase the capacity of community providers to serve individuals whose behavior jeopardizes their community placement will have been held in 24 different towns across Iowa.
- Assistance has been provided by I-PART to the North Iowa Regional Network of Providers in developing the group's strategic plan and to the Polk County Network of Providers in identifying behavioral programming strategies as well as a peer review process.
- Training on Psychotropic Medication Advocacy for Individuals with Intellectual Disabilities has been provided to nursing students and instructors in Des Moines and has been offered to additional medically oriented training programs.
- Iowa Sheriffs were provided training on the validation techniques that would be helpful while interacting with individuals with intellectual disabilities and mental illness as well as an overview of the characteristics of autistic disorder and strategies that would be helpful during search and rescue missions.
- An overview of I-PART services was made available to persons attending the Iowa Psychiatric Society's spring conference, via a presentation board and a presentation entitled "*Best Practices in Relation to Impulse Control Disorder with Individuals with Intellectual Delay*". This presentation is again scheduled for the Society's fall conference in November 2010.

Crisis Stabilization

In SFY 2011 each State Resource Center will pursue creation of a 3-person capacity home program for crisis stabilization that is located in the community. The homes will be short-term stabilization programs, offering waiver-like services that emphasize teaching replacement behavior. The target populations are individuals living in the community with co-occurring intellectual disabilities and mental illness and individuals moving from the Resource Centers to the community who need services in order to avoid frequent emergency hospitalization, community service discharge, institutionalization, or correctional confinement.

The focus of support is to develop a plan based on a behavior analytic approach. The goal is that people served by these crisis stabilization programs will be stabilized with a plan to leave within 21 days; however, based on unique needs some individuals may require longer stays. These crisis stabilization program homes will serve as prototypes that may be duplicated by others in other parts of the State.

How:

Service Delivery

The State Resource Centers will have approximately 1,645 staff (FTEs) in SFY 2011 and salaries of approximately \$113 million.

Service Support

Each facility receives technical assistance and guidance from staff in general administration regarding corporate oversight and program support, financial accountability, infrastructure, legal services, and information technology.

Results Achieved:

Result:	SFY 2009 Actual Level	SFY 2010 Actual Level	SFY 2011 Projected Level	SFY 2012 Offer Level	Projected Total ¹
Percent of individuals who earn wages through on or off-campus employment	68%	71%	72%	72%	
Percent of discharged individuals who remain in the community for at least 180 days	96%	85%	96%	96%	
Number of individuals transitioning to the community using Money Follows the Person (MFP)	16	32	33	36	117

Sustaining service delivery assumes the level of funding requested in the offer as well as full funding of salary adjustment. If funding is insufficient in either area, results to be achieved will need to be modified to reflect the impact.

To sustain existing services and growth in programs this offer assumes that status quo as well as all one-time funding such as the cash reserve fund, underground storage tank fund, government stabilization, and stimulus dollars are fully replaced. If these dollars are not available in SFY 2012 there will be significant program reductions and negative impacts such as elimination of services, disenrollment of clients, implementation of wait lists, and the possible closure of facilities. If funding is insufficient, results to be achieved will be modified to reflect the impact. The lack of backfilling these one-time funds will also mean reductions in service delivery.

¹ The projected total includes ten individuals who participated in MFP, but returned to a SRC.

Impact of Proposed Budget on Results:

Current Results:

- Provide access to quality treatment services for individuals with intellectual disabilities and other related conditions who are unable to be effectively served in the community. The goal of treatment services is to develop necessary skills so that individuals can be served in the community.
- Retain certification from the Department of Inspections and Appeals for meeting Medicaid ICF/MR standards.
- Provide time limited assessments to assist community based providers in developing specialized skills to meet client needs.
- Facilitate the development of an effective transition for individuals from the SRCs to community based services as required by the Conner Consent Decree through collaboration with the University of Iowa Center for Disabilities and Development.
- Woodward Resource Center in 2009 and Glenwood Resource Center in 2010 achieved substantial compliance in all areas raised by the United States Department of Justice in the investigation of potential violations of client civil rights under the Civil Rights for Institutionalized Persons Act (CRIPA), and SRCs continue to meet the finalized consent decree. Efforts will continue to assure compliance.
- Continue to place individuals into appropriate community-based settings and reduce up to 30 beds from the ICF/MR during SFY 2011.

The State Resource Centers are uniquely funded using net budgeting. Under net budgeting the annual state appropriation consists only of the estimated state share of the total facility budget. This state share is the non-Federal portion of the per diem for all individuals without a county of legal settlement. In addition, the county rate is capped in Chapter 222 of the Code of Iowa and the state share covers the difference between that capped rate and the per diem for other adult clients. The facility then has the responsibility to meet the remainder of the projected budget need by billing Medicaid, counties and other insurers.

Legal Requirements:

The two State Resource Centers are established by Chapter 222 of the Code of Iowa. The Code requires them to serve as the State's regional resource centers for the purpose of providing treatment, training, instruction, care, habilitation, and support of people with intellectual or other disabilities. There are a variety of Federal legal requirements applicable to these facilities, including the Conner Consent Decree and the United States Department of Justice Consent Decree.